



Gateway Pregnancy
Centers
Irvington and Elizabeth NJ
(973) 759-4378
www.gateway.org
dean@gateway.org

Sponsor Pledge Form

Walker's name: _____
 Address: _____
 Town: _____ Zip code: _____
 Telephone number with area code: () _____
 Church /youth group: _____

Please print all information and circle pledge desired

First name	Last name	Apt#					
Address							
City	State	Zip code	Tel#				
Circle one	\$15	\$20	\$25	\$50	\$75	\$100	Other \$

PAID

First name	Last name	Apt#					
Address							
City	State	Zip code	Tel#				
Circle one	\$15	\$20	\$25	\$50	\$75	\$100	Other \$

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PAID

Please remember the ZIP CODES!

Gateway Pregnancy Centers Walk for Life



*Free T-shirt
for all who
raise \$150.*

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Please remember the ZIP CODES!

Total pledges on this sheet. \$ _____